

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND COMPOSITION FOR PRODUCING A CELLULAR ALLOGENEIC VACCINE
Attorney Docket Number::	1523-1013
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ALEX
Middle Name::
Family Name:: KARLSSON-PARRA
Name Suffix::
City of Residence:: MOLNDAL
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing FREDRIKSKULLE 85
Address::
City of Mailing Address:: MOLNDAL
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-431 38

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ANNACARIN
Middle Name::
Family Name:: WALLGREN
Name Suffix::
City of Residence:: MOLNDAL
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing FREDRIKSKULLE 85
Address::
City of Mailing Address:: MOLNDAL

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-431 38

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: BENGT
Middle Name::
Family Name:: ANDERSSON
Name Suffix::
City of Residence:: MOLNDAL
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: HULELYCKSGATAN 17A
Address::
City of Mailing Address:: MOLNDAL
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-431 65

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00936	6/5/03
PCT/SE03/00936	An application claiming the benefit under 35 USC 119(e)	60/385,898	6/6/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0201726-7	6/6/02	Yes

Assignment Information

Assignee Name:: IMMUNICUM AB
Street of Mailing C/O DENTIROL AB, KUNGSGATAN 10A
Address::
City of Mailing Address:: GOTEBOG
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-411 19